



2141

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/545,739
	Filing Date	APRIL 10, 2000
	First Named Inventor	DAVID A. BLOCK
	Group Art Unit	2141
	Examiner Name	STEPHAN F. WILLETT
Total Number of Pages in This Submission	Attorney Docket Number	ACNET-081A

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	CERTIFICATE OF MAILING; RETURN RECEIPT POSTCARD
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	RECEIVED DEC 05 2003
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	Technology Center 2100
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	* Please charge any additional fees to Deposit Account No. 19-4330.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MATTHEW A. NEWBOLES STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	12/1/03

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 12-1-03	
Typed or printed name	LINDA JOHNSON
Signature	
Date	12-1-03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ATTORNEY DOCKET NO: ACNET-081A

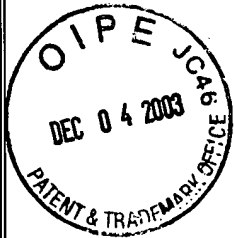
TITLE: METHOD FOR ACCESSING & POPULATING COMMUNITY WEBSITES

Application No: 09/545,739

Filing Date: April 10, 2000

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

☒ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

☐ I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No. * addressed to:

MAIL STOP
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

DEC 05 2003

Technology Center 2100

on December 1, 2003


(Signature)

LINDA JOHNSON

(Typed name of person signing certificate)

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. TRANSMITTAL;
2. POWER OF ATTORNEY/CHANGE ADDRESS;
3. CERTIFICATE OF MAILING;
4. RETURN RECEIPT POSTCARD.